



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

**BOARD OF VETERINARY MEDICINE**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

**REQUEST FOR APPROVAL OF CONTINUING EDUCATION COURSE**

Enter Name and Address of Contact to Whom Response Should Be Mailed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS**

**When to Submit**

Complete this form to request approval of an organized continuing education (CE) activity for maintaining a Delaware Veterinarian or Veterinary Technician license. Delaware licensees or program providers may submit requests either before or after the program. However, if the program is not approved, the applicant will be notified and no CE credit given.

The Delaware Board of Veterinary Medicine automatically approves the following organizations for formal CE activities for both Veterinarians and Veterinary Technicians: AVMA, AVMA-accredited schools, Federal/State/County Veterinary Associations, USDA and Registry of Approved Continuing Education (RACE) courses. For Veterinarians, *the Compendium on Continuing Education for the Practicing Veterinarian*, NOAH and VIN are also approved. For Veterinary Technicians, *the NAVTA Journal* and NAVTA-approved online continuing education are also approved. If an organization above has **approved this program/course, STOP. You do not need to submit this form.**

See Section 9.0 (Veterinarians) or Section 14.0 (Veterinary Technicians) of the Board's [Rules and Regulations](#).

**Documentation Required**

Submit this form **no later than ten business days** before the Board's meeting to the address above.

- ☐ Complete and sign request form.
- ☐ **If request is submitted by a course provider, enclose fee of \$35 by check or money order payable to "State of Delaware." If a Delaware-licensed Veterinarian or Veterinary Technician submits the request, no fee is required.**
- ☐ Enclose course outline, brochure, or agenda showing breakdown of time allotted for each part of course content.
- ☐ Enclose resume or *curriculum vitae* (CV) for each presenter.

**REQUESTER COMPLETES THIS SECTION**

1. Requester (check one): ☐ Sponsor/Course Provider ☐ Delaware-Licensed Veterinarian or Veterinary Technician
2. If you are a Delaware Licensee requesting approval of a course, enter:  
Your Name: \_\_\_\_\_ Delaware License #: **N** \_\_\_\_ - \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_
3. If you are a Sponsor requesting approval of a course, enter:  
Sponsored by: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip code  
Email: \_\_\_\_\_ Website URL: \_\_\_\_\_  
Signature of person(s) authorized to sign course completion certificates: \_\_\_\_\_  
Print name of person(s) authorized to sign course completion certificates: \_\_\_\_\_

**REQUESTER COMPLETES THIS SECTION (continued)**

4. Program Title: \_\_\_\_\_

5. Check Program Type:

- ☐ In-service Training - focuses on improving job knowledge, skills and performance.  
☐ Career Development - aimed at preparing for job advancement or expanding career.  
☐ Management Development - emphasizes interpersonal relations, attitudes, organizational/management skills.  
☐ Technical Skills - focuses on "job know how" procedures.  
☐ Other forms of CE

6. Program Location: \_\_\_\_\_

7. Program Date(s): \_\_\_\_\_

8. Program Objectives: \_\_\_\_\_

**Enclose course outline, brochure, or agenda showing breakdown of time allotted for each part of course content.**

9. List Program Presenter(s):

**Enclose resume or *curriculum vitae* (CV) for each presenter.**

PRESENTER NAME	TITLE

10. Total Contact Hours Requested (excluding breaks): \_\_\_\_\_

**Submit this application and all supporting documentation to the Delaware Board of Veterinary Medicine at the address above. If you have questions, email: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)**

**BOARD OFFICE COMPLETES THIS SECTION**

Board Review Date: \_\_\_\_\_

☐ Approved for \_\_\_\_\_ hours. Approval Expires: \_\_\_\_\_

☐ Tabled - List reason(s) below. ☐ Denied – List reason(s) below.

The above request was denied or tabled for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_, Administrative Specialist